



APPLICATION FOR FUNERAL DIRECTOR'S LICENSE

State Form 45677 (R3 / 4-03)

Approved by State Board of Accounts, 2003

Indiana Professional Licensing Agency
302 West Washington Street, Room E034
Indianapolis, Indiana 46204-2700
(317) 232-2980
www.in.gov/pla

Fee: \$25.00 For an application issued during an even numbered year.
Fee: \$50.00 For an application issued during an odd numbered year.
License renewal: A license issued in an odd numbered year, must be renewed by the 31st day of December of the next even numbered year.

Name of applicant (<i>first, middle, last</i>)			
Address (<i>number and street</i>)			
City/Town, state, ZIP code			
Date of birth	Social Security number *	Home telephone number	Business telephone number
* Your Social Security number is requested as stated in IC 4-1-8-1; disclosure is mandatory. The number will be given to the Indiana Department of Revenue.			

NOTARY CERTIFICATE (SWORN OATH)

STATE OF _____ }
COUNTY OF _____ } SS:

I, _____, having been duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

I hereby acknowledge that I must notify the State Board of Funeral and Cemetery Service of any change in my residence address within thirty (30) days of said change. I further acknowledge that I must notify the Board when I cease (*or commence*) to perform services in any Indiana license funeral home.

Signature of applicant	Signature of Notary Public	
Printed or typed name of applicant	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires